

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012117

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED APR 10 1963

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		c. CITY OR TOWN CARTHAGE	
Length of stay in 1b 30 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCUNE BROOKS HOSPITAL		d. STREET ADDRESS 809 WALNUT STREET	
3. NAME OF DECEASED (Type or print) First JOHN Middle WESLEY Killingsworth Last		4. DATE OF DEATH Month MARCH Day 29, Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-11-03
9. AGE (last birthday) 59		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHTWATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY HERCULES POWDER CO. ARCOLA, MISSOURI	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME REV. HARRY H. KILLINGSWORTH		13b. MOTHER'S MAIDEN NAME FANNIE WATSON	
14. NAME OF HUSBAND OR WIFE PEARL S. KILLINGSWORTH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 247		17. INFORMANT Address MRS. PEARL S. KILLINGSWORTH, CARTHAGE, MO.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pneumonitis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs -	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease & failure Generalized cortical atrophy	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CARTHAGE, MISSOURI	
21. I attended the deceased from 7/2/59 to 3/29/63 and last saw him alive on 3/29/63		Death occurred at 4:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) M.D.		22b. ADDRESS 1515 HAZEL, CARTHAGE, MO.	
22c. DATE SIGNED 3-30-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 4-2-63		23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	
23d. LOCATION (City, town, or county) CARTHAGE, MISSOURI		24. FUNERAL DIRECTOR ADDRESS	
25. DATE RECD. BY LOCAL REG. 4-1-63		26. REGISTRAR'S SIGNATURE	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

6497

6497

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MAY 20 1963

JUN 11 1963

JAN 17 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Gault

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.